

# Veterans' Consent for Use and Publication of Information

I, \_\_\_\_\_, provide the Veterans' Employment and Training Service (VETS) of the United States Department of Labor my consent to:

use and publish pictures or photographic likenesses of me, specifically [DESCRIBE SOURCE OF PHOTOS, IMAGES]

in whole or in part, for the purposes of promoting VETS' programs. This information may be used or published through any medium, including the Internet.

use and publish my name for the purposes of promoting VETS' programs. This information may be used or published through any medium, including the Internet.

use and publish my statement(s), specifically [DESCRIBE SOURCE OF STATEMENTS],

in written and/or recorded audio formats, for the purposes of promoting VETS' programs.

This information may be used or published through any medium, including the Internet.

Any right to inspect or approve the finished product or the advertising or other copy of the designated material is waived.

VETS and the United States Department of Labor, and all persons acting under the direct permission or authority of the Assistant Secretary of Veterans' Employment and Training are released from any liability that may arise out of the use of the portraits, photographic likenesses, name, and/or statements if used for the purposes of advertising and promoting VETS' programs.

Signature: \_\_\_\_\_  
Participant (if 18 or over) or Parent/Legal Guardian

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

For additional information about Missouri Office of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at [jobs.mo.gov](http://jobs.mo.gov) or 1-888-728-JOBS (5627). The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.

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## DIRECTIONS

This form acts as amplification for the Consent Form. Listed below is the information that is required to be filled out by the individual who is collecting the Good News/Success Stories and the consenting individual.

**NAME:** Fill in the full name of the individual who is providing consent for their story to be utilized.

**CHECK ALL THAT APPLY:** Check the appropriate box/boxes as necessary. Generally, it is expected that all three boxes will be checked.

**DESCRIBE SOURCE OF PHOTO, IMAGES:** Fill in the date and location of photo. Indicate where photos were taken.

Example: specifically taken from the AJC in Smithville, CT displaying a full body group photo taken on August 3, 2012

**DESCRIBE SOURCE OF STATEMENTS:** Fill in the data with the date, location, and method statement was received.

Example: specifically stated in a phone conversation with DVET at AJC in Gearstown, ID on August 3, 2012.

**DATE:** Fill in the information with the date the individual signed the consent form.

**SIGNATURE:** Ensure the individual, or parent/guardian for minors, who is electing to provide their story signs their full name in blue or black ink.